No. 2
-12-45
-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1947

Registration District No. 337

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6138

State File No. 36808

Registrar's No. 107

1. PLACE OF DEATH:

(a) County: Shelby

(b) City or town: Bethel, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby 102

(c) City or town: Bethel, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Julius Phillip Steinbach

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ricka Steinbach

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: February (Month) 26th (Day) 1873 (Year)

8. AGE: Years 74 Months 7 Days 17 If less than one day hr. min.

9. Birthplace: Bethel (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER 12. Name: Phillip E. Steinbach

13. Birthplace: Bethel (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Pauline Erich

15. Birthplace: Penna. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ricka Steinbach

(b) Address: Bethel, Mo.

17. (a) Burial (Burial, cremation, removal): (b) Date thereof: 10-15-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Hebron Cemetry

18. (a) Signature of funeral director: Million & Barkelew

(b) Address: Shelbina, Mo.

19. (a) Nov 4-47 (Date received local registrar) (b) Ruth Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 5, 1947 to Oct 13, 1947 that I last saw him alive on Oct 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Harold H. Dutton (M.D. or other) D.O.

Address: Bethel Mo. Date signed Oct 15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
NOV 1 1 1947
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James D. Davis, Registered Apprentice No. 443 working under my personal supervision.

Signed C W Hawkins

Licensed Embalmer No. 349 S

P. O. Address Kelbina Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.